


		STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD	
Name:			
Is a registered Emergency Worker of:			
Department:			
Authorizing Signature:			
Date Issued:	Date Expired:	Card No.:	
EMD-025 (7/00) (Front)			

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EMD-025 (7/00) (Front)			

Photograph or Right Index Fingerprint	Birthdate:	
	Weight:	Height:
	Color Hair:	Color Eyes:
	Social Security No.:	
Emergency Worker Assignment (WAC 118-04):		
Bearer's Signature:		
EMD-025 (7/00) (Back)		

Photograph or Right Index Fingerprint	Birthdate:	
	Weight:	Height:
	Color Hair:	Color Eyes:
	Social Security No.:	
Emergency Worker Assignment (WAC 118-04):		
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EMD-025 (7/00) (Back)		

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